

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>jm</i>		63712-0
<b>O.I.P.E. CLASSIFIER</b>	<i>DR</i>	32	3/30
<b>FORMALITY REVIEW</b>	<i>TA</i>	7CA864	5/14/10
<b>RESPONSE FORMALITY REVIEW</b>	<i>LC</i>	1024	6-12-02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓	6/14/10
2 ✓	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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